

DISTRICT DENTAL CLINIC CLIENT SATISFACTION SURVEY

In order to best administer our Health Department Clinics, it is important for us to know how YOU rate our services. Please take a minute to answer the following questions by circling the most appropriate response.

How many times has your child been treated in the Dental Clinic?

(a) 1 (b) 2-4 (c) 5 or more

What type of care does your child USUALLY come for?

(d) pain relief (e) routine care

A) How do you rate the following services provided by the Dental Clinic personnel (Dentists & Assistants)?

	(Poor)	(Fair)	(Good)
1. Courtesy and helpfulness	1	2	3
2. Explanations and information	1	2	3
3. Quality of care	1	2	3
4. Interactions with child	1	2	3

B) How satisfied are you with the following?

	(Not Satisfied)	(Satisfied)	(Very Satisfied)
1. Convenience of appointment times	1	2	3
2. Length of dental visit	1	2	3
3. Availability of appointments	1	2	3
4. Types of services provided to children	1	2	3

C) What improvements would you like to see in the way the Dental Clinic operates?

D) Comments:

Thank you for your assistance !